

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR INCOME HOUSEHOLDS

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting (10 calendar days from the date sent) your child(ren)'s eligibility for meal benefits will be:

_____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is _____ cents for lunch and _____ cents for breakfast and _____ cents for snack (if available). You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size changes.

_____ Stopped for the following reason(s):

_____ Your income is over the allowable amount for free or reduced price meals.

_____ Records show that you are not receiving Food Stamps, TANF/FIP at this time.

_____ You did not provide proof of current eligibility. The following information is missing: _____

Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size changes.

If you are not eligible for benefits now but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: _____ (verifying official). You also have the right to a fair hearing. If you request a hearing by _____ (date), your child(ren) will continue to receive (free or reduced price meals) until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____

Address: _____

Telephone number: _____

Sincerely,

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